PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 09/846/727 CSJ 1-0-005cJ													p
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL EI	ATITY	OR	OTHER		
TOTAL CLAIMS)				RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		B/	ASIC FEE	355.00	ОЯ	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10			X\$ 9= 90		OR	X\$18=	180	
IND	EPENDENT CL	3 minus 3 =		. 6			X40=		OR	Xŝo≔	-		
MULTIPLE DEPENDENT CLAIM PRESE					L		+135=				+270=		
* If the difference in column 1 is less than zero, enter "0" in c						olumn 2	L	TOTAL	47	OR OR	TOTAL	290	-
101111										Un			
	GLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	OTHER THAN SMALL ENTITY		
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	راه
AMENDMENT	Total	· 3/	Minus	-30	2	-/		X\$ 9=		OR	X\$18=	** 1	3,1
MEN	Independent	. 3	Minus	/	3	=./		X40=		OR	X80=		\ '
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR		1	٠,
							L	TOTAL			TOTAL		ł
1	422/0	(Column 1)		(Coli	mn 2) (Column 3)		AD	OIT. FEE	L	OR	ADDIT. FEE		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST WBER HOUSLY O FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Na Parity	Total	. 3/	Minus	3	3/			X\$ 9= ·	1144	OR	X\$18=		Sec.
AMENDMENT	Independent	• 3	Minus	•••	3	= /		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=				<u> </u>	<u> </u>
. jy ::: .	South State Continue (I) (Column 2)									OR	TOTAL	# V **	
DMENT C		(Column 1) CLAIMS REMAINING AFTER AMENOMENT		HIG NU PREV	umn 2) HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	W 50
	Total	• 1 1	Minus	••		=	 .	X\$ 9=		OR	X\$18=		100

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-675 (Rev. 8/00)

OR

OR

X80=

+270=

TOTAL ADDIT. FEE

X40=

+135=